

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018915

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 192

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY **Adair**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kirkville**

Length of stay in 1b  
**12 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Lewis**

c. CITY OR TOWN **La Belle**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Laughlin Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First **Robert**

Middle **B.**

Last **Gooney**

4. DATE OF DEATH

Month **May** Day **27** Year **1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**11/14/1890**

9. AGE (last birthday)  
**92**

IF UNDER 1 YEAR  
Months **6** Days **13**

IF UNDER 24 HR  
Hours **13** Min. **13**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Painter**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**La Belle, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Robert H. Gooney**

13b. MOTHER'S MAIDEN NAME

**Susan Daggs**

14. NAME OF HUSBAND OR WIFE

**Mima Catherine Humphrey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give year or dates)  
**No**

16. SOCIAL SECURITY NO.  
**NO**

17. INFORMANT

Address  
**Mrs. Florence Warma Booneville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Toxemia**

INTERVAL BETWEEN ONSET AND DEATH  
**3 days**

DUE TO (b)

**Inanition and Debilitation**

**7 days**

DUE TO (c)

**Extensive generalized arteriosclerosis**

**Unknown**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour **5** a.m. **18** p.m. Month, Day, Year **6/18/63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5/18/63** to **5/27/63** and last saw **her** alive on **5/27/63**  
Death occurred at **4:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**5/30/1963**

23c. NAME OF CEMETERY OR CREMATORY  
**La Belle, Cemetery**

23d. LOCATION (City, town, or county)  
**La Belle, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**James A. Coder Jr. La Belle, Mo.**

**6-1-1963**

**Doris W. Ratliff**

Permit issued May 27, 1963

JACK A. AUSTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Myself, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

J. Auster Jr.

Licensed Embalmer No. 4328

P. O. Address Labette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.